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SUBJECT: FIRST TWO H1N1 DEATHS CONFIRMED IN MOZAMBIQUE

REF: MAPUTO 1010

11. (SBU) SUMMARY: The first death from H1N1 in Mozambique was reported on September 12, and the second was reported on September 19. The first two were a 29 year old woman who died after a three day hospitalization on September 6, and a 45 year old man who died on September 4. Mozambique has documented 27 cases of H1N1 flu since its first case on August 17, with 71 suspected cases in total. The Government of Mozambique (GRM) is developing a formal response plan and trying to address issues in supplies, documentation, and health worker training. There are current shortages of testing materials and Mozambique is seeking assistance from donors for supplies. While Mozambique is taking appropriate steps, the weak health sector does not have the resources to cope with large case numbers or severely ill patients. END SUMMARY.

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FIRST TWO H1N1 DEATH CONFIRMED  
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12. (U) On September 12 the Government of Mozambique (GRM) reported its first death in a patient with H1N1 influenza. The patient, a 29 year-old woman reported to have a chronic illnesses, died in Maputo Central Hospital after a three day hospitalization. A second death was reported on September 19 of a 45 year old male patient who died on September 4. According to Ministry of Health (MISAU) spokesman Leonardo Chavane, 71 cases with H1N1 symptoms had been diagnosed in the capital as of September 19, of which 69 cases were undergoing tests, and 27 cases have returned positive results. Of the 27 positive cases, 18 are female, 9 are male. Of the 71 suspected cases, 11 patients are under the age of ten. Besides the capital city, MISAU confirmed a total of four H1N1-positive cases in the provinces of Tete, Sofala, and Gaza. Testing is done in South Africa because Mozambique does not have WHO-certified testing laboratories. Chavane explained that most H1N1-positive patients report recent foreign travel, particularly to South Africa.

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CURRENT STATUS OF EPIDEMIC RESPONSE  
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13. (U) Mozambique is following World Health Organization guidelines and only testing severe cases, suspected flu deaths, and pregnant women (a defined high risk group for severe H1N1). Current preparedness issues identified by the GRM include: (1) Need for a communications plan and information dissemination in communities; (2) Shortages of supplies including testing materials; (3) Need to ensure appropriate triage at health facilities to ensure that potential flu patients are isolated from other patients and from staff; (4) Need to document and coordinate training within Ministry of Health staff on patient management and triage procedures; (5) Need to ensure forms are completed to

count suspected cases in light of limited testing; (6) GRM is working on a formal implementation plan for influenza response. According to Chavane, MISAU has trained 150 staff members who are in turn training doctors in the rest of the country to recognize the symptoms of H1N1.

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COMMENT: HEALTH CARE INFRASTRUCTURE A CONCERN  
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¶4. (SBU) While the GRM, and MISAU in particular have put a response together, the health infrastructure in Mozambique remains extremely weak, even in Maputo. If a large number of Influenza cases develop (H1N1 or other), these could potentially overwhelm the existing health capacity and drug supply available to the public. While GRM is taking appropriate actions to improve training, communication, and documentation of pandemic flu, minimal resources and infrastructure will be the limiting factor in Mozambique's ability to mobilize and sustain a response to even a moderate increase in influenza cases.

CHAPMAN